ASHINGTON URBAN DISTRICT COUNCIL.

Annual Report

FOR 1910,

R. J. MILLS, M.B.,

MEDICAL OFFICER OF HEALTH.

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MEDICAL REPORT FOR 1910.

MR. CHAIRMAN AND COUNCILLORS,

I beg to submit my report for 1910.

In last year's report I estimated the population at the end of 1909 as 23,000—8,000 in Ashington and 15,000 in Hirst.

There has been considerable building enterprise manifested during the present year and in the 12 months ending June 1910, 72 new houses were occupied in Ashington and 206 in Hirst, that number even being insufficient to meet the wants of the community.

Basing the present estimate on above figures and extension, the following will approximately show that obtaining in the two wards:—

Ashington	in June 1909	8,000	Hirst in June 1909	15,000
,,	Excess of births over		" Excess of births over	
	deaths from June		deaths from June	
	1909-10	147	1909-10	527
,,	New houses occupied		" New houses occupied	
	from June 1909-10,		from June 1909-10,	
	5 per house	360	5 per house	1,030
	-		•	
		8,507		16,557

We may safely accept above figures as substantially correct in the face of the fact that at the moderate rate of 5.5 persons to each directly we have housing accommodation for 25,000.

I shall therefore in estimating my rates for the year use 24,000 as the total population, Ashington and Hirst respectively being 8,000 and 16,000.

DISTRICT.

Our Urban District at the institution of the present Council covered an administrative area of 2,786·280 acres. By increments of extension, firstly, of 97·424 acres and, secondly, of 165·000 acres the total area is now 3048·704 acres:—Ashington Ward containing 2,884·771 acres and Hirst Ward 663·933 acres.

The district is bounded on the north, east and west by agricultural land in the Morpeth Rural District and on the south by the river Wansbeck.

There is but one staple industry in the district, namely coal mining at which the bulk of the population find employment. There is, however, a great and increasing number of persons employed in a growing population such as this, by private traders, by stores, and especially by the builders, to whose energy and enterprise a large amount of employment has been found necessary for the increasing demands of the district.

In both wards the bulk of the house property belongs to the Ashington Coal Company, built in rows of two storey buildings, with yards, ashpits, the now almost covered, in conformity with the Bye-laws of the Council—and privies after the earth system attached to ashpits. The streets and communicating avenues between the rows are the property of the Coal Company, their upkeep devolving on the owners, regulated by the Byelaws of the Council.

An effort is being made by the Council with a fair amount of success to acquire the private streets, provided they are in such a state of efficiency as justify such. The number of such streets is increasing and already we have taken over as highways

Back Station Road North, Hirst.
,, ,, South, ,,
Grand Street Gable End Road, Hirst.
Hexham Ter., ,, ,, ,, ,,
Back Titchfield and Hexham ,,
Mortimer Street ,,
Gable End Street ,,

and the following are in preparation for so being taken over:—All the back streets behind Woodhorn Road North, Garden City Streets, Back Park Road.

The water supply of the district is from the Ashington and North Seaton Mines, the

distribution of which is under Council control.

The building operations have been proceeded with on an extensive scale, a double street of shop frontage now existing to a single of a few years ago, the rapid construction of which is the best index of increasing prosperity and employment. The Black Close estate building on the Duke of Portland's ground is being rapidly carried out, streets being laid out concomitant with tenacy of houses.

BIRTH RATE.

The total number of births registered during the year is 794, a slight decrease on that of last year which was 820, but still about the average of the previous 10 years which is 704. Of this number 399 were males and 395 females.

The distribution In the two wards is as follows:—Ashington 199 and Hirst 595, an increase in Ashington of 22 and a decrease in Hirst of 48 which is rather an unusual incident in our birth returns.

The rate per thousand population is 38-98, that of last year being 37.27 and that of the

decennial average 40 6.

The year 1908 showed an exceptionally high birth rate (that of the 10 years average), but this year in spite of the drop in numbers, which a sudden immigration of inhabitants in a short time is bound to involve by the raising of the population figure, is still above that prevailing either in the County or in England and Wales.

 Average County Rate for 10 years
 ...
 30·35

 ,, Urban (Northumberland) for 10 years
 32·95

 England and Wales for 10 years
 ...
 27·5

 Ashington Urban for 10 years
 ...
 40·6

 ,, , , for 1910
 ...
 33·08

The following tables show the respective distribution of births in each ward, in which is included the illegitimate births for the year, 19 in all, the same as last year, of these 4 being in Ashington, and 15 in Hirst, giving a rate per thousand population to the birth rate of 23 8 as against 23 1 of last year.

ASHINGTON URBAN DISTRICT COUNCIL. BIRTHS 1910.

Months.	Males.	Females.	Total.
January	34	27	61
February	20	32	52
March	26	26	52
April	39	34	73
May	36	38	74
June July	28	35	63
	36	32	68
August	35	42	77
September	32	35	67
November December	42 35 36	$ \begin{array}{c} 37 \\ 23 \\ 34 \end{array} $	79 58 70
Total	399	395	794

ASHINGTON URBAN DISTRICT COUNCIL DISTRIBUTION OF BIRTHS. 1910

Months.	Ashington	${ m Hirst.}$	Total.		gton. Fem.	IMATES. Hin Male.		Total.
January February March April May June July August September October November December	18 13 19 17 23 23 15 17	41 37 43 63 56 50 49 60 44 56 43 53	61 52 52 73 74 63 68 77 67 79 58 70	1 0 0 0 0 0 0 1 0 0 0 0 0 1 0 0 0 0 1 0 0 0 0 1 1 0 0 0 1	0 0 0 0 1 0 0 0 0 0 0 0 0	2 0 0 1 1 1 0 0 0 0 0 1	0 0 1 1 2 0 2 1 1 0 0 1	3 0 1 2 4 1 3 1 1 0 0 3

DEATH RATE.

The Mortality for the year from all causes is 333; 183 males and 150 females, an increase of 44 over the number of last year.

The rate per thousand population is 13 8 which corrected by excluding premature births 18, fatal accidents 6 and 1 case of suicide, gives us a corrected return of 12 8.

The low mortality return of last year is still maintained which was 13·13 and corrected 12·08

The numerical increase in the number of deaths is not relative to the increase of population inasmuch as the rates are almost similar and the deduction naturally is that we still maintain the creditable return of 1909.

A comparison of the yearly mortality since the formation of the Council is as follows:—

Year,	1896	Total	Mortality,	17.8	Corrected	Mortality,	17.4
,,	1897	,,	,,	17.8	,,	,,	166
,,	1898	,,	,,	16.3	,,	,,	15.4
,,	1899	,,	,,	18.5	,,	,,	16.8
,,	1900	,,	,,	$17\ 45$,,	,,	15.17
,,	1901	,,	,,	23.28	,,	,,	21.28
,,	1902	,,	,,	17.02	,,	,,	15.3
,,	1903	,,	,,	16.25	,,	,,	14.25
,,	1904	,,	,,	18.29	,,	,,	17.35
,,	1905	,,	,,	15.13	,,	,,	13.6
,,	1906	,,	,,	16.35	7 .	,,	14.7
,,	1907	. 11	,,	13.45	,,	,,	11.95
,,	1908	,,	,,	16.5	,,	,,	15.1
,,	1909	,,	,,	13.13	,,	,,	12.08
,,	1910	,,	,,	13.8	,,	,,	12.8
7.		A . 1 .		. ,	1 0 1 TT' + 000	1.3	. 1

The distribution of Mortality is Ashington 101, Hirst 232, the rates per thousand population in each ward being 12.6 and 14.5 respectively.

The distribution of age Mortality is as follows:—

Under 1 year, 130 deaths; 29 in Ashington and 101 in Hirst.

From 1-5	,,	64	,,	; 9	,,	55	,,
,, 5-15	,,	16	,,	; 7	,,	9	,,
,, 15-25	••	8		; 2	••	6	• • • • • • • • • • • • • • • • • • • •
,, 25-65		70	**	: 34		36	
., upward		45	,,	; 20	,,	25 \	,,,

The following tables show the above distribution each month.

ASHINGTON URBAN DISTRICT COUNCIL. AGE MORTALITY. 1910.

Months.	Males.	Fem'ls				5 to 15 years.			65 yrs. and Upds.
January	21	16	37	11	7	1	0	13	5
February		17	26	10	6	0	2	6	2
March		11	24	9	4	1	0	6	4
April	18	16	34	11	6	3	1	6	7
.May	19	6	25	9	7	0	1	7	1
June	14	4	18	10	3	0	2	1	2
July	6	7	13	2	1	2	1	5	2
August		18	29	16	2	2	0	6	3
September		11	34	15	8	1	1	5	4
October		19	38	18	8	2	0	7	3
November.		9	25	7	8	2	0	4	4
December	14	16	30	12	4	2	0	4	- 8
Total	183	150	333	130	64	16	8	70	45

DISTRIBUTION OF AGE MORTALITY. ASHINGTON. 1910.

Months.	All Ages.	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years	25 to 65 years.	65 years and Upwards
January	. 18	7	2	0	0	7	2
February	. 7	3	0	0	. 1	3	0
March	. 8	1	1	1	0	4	1
April	. 11	3	1	0	0	4	3
May	. 5	0	1	0	0	4	0
June		1	0	0	0	0	1
July		1	1	1	1	1	1
August		3	1	2	0	1	2
September	. 9	3	1	1	0	2	2
October		5	0	2	0	4	$\frac{1}{3}$
November		0	1	0	0	2	
December	. 8	2	0	0	0	2	4
Total	101	29	9	7	2	34	20

DISTRIBUTION OF AGE MORTALITY. HIRST. 1910.

Months		All Ages.	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 65 years.	65 years and Upwards
January		1 9	4	5	1	0	6	3
February		19	7	6	0	1	3	$\frac{2}{3}$
March		16	8	3	0	0	2	3
April		23	8	5	3	1	2	· 4
May		20	9	6	0	1	3	1
June		16	9	3	0	2	1	1
July		7	. 1	0	1	0	4	1
August		20	13	1	0	0	5	1
September		25	12	7	0	1	3	$\frac{2}{2}$
October		26	13	8	0	0	3	2
November		19	7	7	2	0	2	1
December	•••	22	10	4	2	0	2	4
Total	•••	232	101	55	9	6	36	25

The rate of Infantile Mortality over the district per thousand population is 5.4 as against 4.9 last year.

In the Wards the rates show a slight increase in each case. Ashington being 3.6 and Hirst 6.3 as against Ashington 2.8 and Hirst 5.9 last year, the slight difference being more favourable in Hirst.

Basing the Infantile Mortality not on the population—but per thousand children born, the rate over the district is rather in excess of that of last year which you remember was the record year in our history in this respect, but the increase you may infer from a glance at the birth tables is not so great, as with a diminished birth rate our Infant Death Rate is bound to be higher.

The Infantile Mortality rate for the whole district is 163·7 against 132·9 last year, and 202·7 in 1908. In Ashington the rate is 145·7 and Hirst 169·7, these rates last year being respectively 116·9 and 138·3.

ASHINGTON URBAN DISTRICT. CAUSES OF DEATH. 1910.

	D	Localities l Ages.								
Causes of Death.	All Ages.	Under 1 yr. 3			15 and und 25 6				Hirst.	Total Deaths in Public Instit*ns in District. 11
Measles	0	0	0	0	0	0	0	0	0	0
Whooping Cough	12	3	8	1	0	0	0	2	10	0
Diphtheria (Croup)	2	0	1	ī	0	0	0	2	0	Õ
Senility	$1\overline{6}$	0	0	0	0	0	16	7	9	Õ
Continued Fever	0	0	0	0	0	0	0	Ö	0	Õ
Enteric Fever	3	0	0	2	1	0	0	2	1	3
Apoplexy	9	0	0	0	0	6	3	2	7	ő
Epidemic Influenza	i	0	0	0	0	0	1	1	0	0
Bright's Disease	9	1	3	0	0	4	1	1	8	0
Convulsions	14	11	3	0	0	0	0	5	9	0
Diarrhœa	23	20	3	0	0	0	0	4	19	0
Epidemic Enteritis	10	8	2	0	0	0	0	1	9	0
Erysipelas	1	0	0	0	0	1	0	1	0	0
Other Septic Diseases	0	0	0	0	0	0	0	0	0	0
Phthisis	21	0	1	3	5	12	0	8	13	0
Other Tuber. Diseases	15	1	9	3	0	2	0	8	7	0
Cancer	12	0	0	0	0	7	5	5	7	0
Bronchitis	22	7	6	0	0	4	5	9	13	0
Pneumonia	16	5	3	3	1	4	0	5	11	0
Other Respiratory										
Diseases	2	1	0	0	0	0	1	2	0	0
Meningitis Non-Tuber	14	5	5	2	0	2	0	4	10	0
Premature Birth .	18	18	0	0	0	0	0	4	14	0
Diseases and Accidents										
of Parturition .	6	4	0	0	0	2	0	1	5	0
Heart Disease	24	2	0	0	1	13	8	11	13	0
Accidents	6	1	1	1	0	3	0	3	3	0
Suicides	1	0	0 .	0	0	0	1	0	1	0
Broncho Pneumenia	31	13	17	0	0	0	1	4	27	0
Debility	27	25	1	0	0	1	0	2	25	0
Alcoholism	2	0	0	()	0	2	0	1	1	0
All other Causes	16	5	1	0	0	7	3	6	10	0
All Causes	333	130	64	16	8	70	45	101	232	3

An analysis of the foregoing table of causes of death, shows the following from infectious diseases:—

 $\begin{array}{ccccc} \text{Diphtheria} & \dots & 2 \\ \text{Enteric} & \dots & 3 \\ \text{Erysipelas} & \dots & 1 \end{array}$

6, giving a rate per thousand of

these diseases of 0.25.

Infectious diseases not notifiable show:

Whooping Cough
Influenza ... 1
Diarrhœal diseases
of all kinds ... 33
Tubercular diseases
of all kinds ... 36

The rate per thousand population of these diseases is:— Notifiable Infectious Diseases 0.25Non-Notifiable Infectious Diseases Whooping Cough 0.708Diarrhœal Diseases of all kinds 1.30.8 Phthisis All forms Tubercular Diseases 1.5 Respiratory Diseases 0.9 Bronchitis Broncho Pneumonia 1.29All kinds Respiratory Diseases (ex-2.9 cluding Phthisis) ... Pneumonia 0.6

The total number of deaths from Respiratory Diseases (Phthisis excluded) is 71, an increase on that of last year which was only 46, an increase which I pointed out on various occasions in my monthly reports as being severely influenced by prevailing climatic conditions.

The deaths from Whooping Cough are exceptionally high this year 17 as against 3 last

year.

There was a severe outbreak at the beginning of the year affecting a considerable number of the very young children, children, in fact, mostly under the school age. As this disease is not looked upon as of a very serious type due no doubt to the long period during which it runs, a certain amount of laxness is often unwittingly shown towards it, that given a severe winter the ensuing Bronchitis and Broncho Pneumonia find a constitution already debilitated and unable to withstand the secondary severe illness.

On the other hand Measles does not show a single death while 17 occurred during last year, notwithstanding the fact that a very severe outbreak occurred in Hirst Ward during

the later months of the year.

There is only 1 death this year from Diphtheria out of 15 cases notified.

There were 11 cases of Enteric notified with 3 deaths, which is rather high and needs explanation. One death occurred shortly after admission, in which case Hospital treatment could not be other than of an expectant nature. The other two aged 9 and 11 respectively entered with concurrent diseases of a lingering nature even more serious than the Entertic observed and in states of emaciation that in spite of every effort in treatment and sustenance went under.

All the cases throughout the year were of exceptional difficulty and I consider the results satisfactory even though not numerically so.

Some good has been done by awakening interest in Tuberculosis, but except the stirring of the public conscience the fruits have not yet become evident.

This year we have 21 deaths from Phthisis as against 20 last year, the total of all kinds

of Tubercular disease being also increased by 1, namely 36.

I hope some good of a practical nature will arise from the combined efforts of the Northumberland Councils, but even that does not shift the responsibility from a large community such as ours of contributing for local purposes an endowment of several beds in both the Institution for children and adults within our immediate reach.

In order to appreciate the causes of our Infant Mortality and the age incidence of the various diseases, especially in regard to Debility and Malnutrition, I append the following

table:—

INFANTILE MORTALITY DURING THE YEAR 1910.

Causes of Death.	Under 1 Week.	1-2 Weeks.		3-4 Weeks.	Total und. 1 month	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 year.
Small-Pox Chicken-Pox Measles Scarlet Fever Diphtheria Whooping Cough II To see the s	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0	000000000000000000000000000000000000000		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 1 2 0 0 0 0	- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 1 1 3 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 1 2 2 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 3 16 12 0 0
Tuberculous Meningitis Tuberculous Peritonitis Other Tuber Diseases	0 0 0	0	0	0	0 0	0 0 0	0 0 0	0 0	0 0 0	0 0 0	0 0 0	0 0	0 0	1	0 0	0 0 0	0 1 0
Rickets Erysipelas Syphilis Meningitis Non-Tuber Convulsions Bronchitis Laryngitis Pneumonia and Broncho-Pneumonia. Suffocation Other Causes		0 0 0 1 0 0	0 0 0 0 1 0 0	0 0 0 0 0 0 0 0	0 0 0 0 4 0 0	0 0 0 3 1 0 0	0 0 0 0 0 0 0	0 0 0 1 0 2 0 1 0 0	0 0 0 1 1 0 0 2 0	0 0 0 0 0 2 0	0 0 0 0 1 0 0 0 5 0	0 0 0 1 1 0 0 0	0 0 0 1 0 1 0 1	0 0 0 0 1 1 0 0	2 0		0 0 0 5 11 8 0 18 1 6
Total	35	2	5	4	46	10	3	12	7	10	9	7	6	9	4	7	130

You will notice from the foregoing table that the amount of Summer Diarrhoea is rather in excess of last year, namely 28 against 19 under 1 year. Last year I mentioned it was markedly small. The increase is not large considering the large total and the more unfavourable climatic conditions; and I take it, in this, one of the diseases almost wholly preventable that more care is being exercised in Infant dietary and that some reward is now forthcoming from the teaching of years and the constant supervision adopted. The other preventable pulmonary diseases do not compare so favourably as last year, namely in Broncho-Pneumonia, which claims 18 deaths as against 11 last year, and Bronchitis which has 8 against 6 last year. I have already explained the operating causes which are the same as those in adults in whom an increase was also apparent.

I need not repeat my warnings year after year against taking children in arms out to Theatres and Halls at night. The danger seems so apparent, and yet it continues unabated, and the dread Pneumonia still claims its victims. I am not asking parents to sacrifice their pleasures, but I am asking them not to sacrifice their children to them, and surely a little forethought would enable them to accomplish both with satisfaction.

Referring to the table you will notice that the number of deaths in the first 4 weeks of life is greater by 10 than last year, that the number of premature births is greater by 4, and that the number from debility is only less by 2, and that, in fact, a strict analysis of the causes of death in the first 4 weeks of life points throughout to parental conditions, the majority of which are concerned with the care, health and nutrition of the mother. I pointed this out last year and justified my plea for the employment of Health Visitors on that ground to a great extent.

This year the Notification of Births Act has been put into force with results which I shall point out later. It brings to light numerically what has been pointed out again and again here, that given the best of housing conditions a considerable amount of education, even of eliminating education, is required in order that newer, better and more efficient household management nay raise the housekeeping status to a degree that even will surmount a few of the very common obstacles in the easy acquirement of such.

These common obstacles exist without doubt, there should be greater washinghouse accommodation, and the yards should primarily be in a condition to render their easy and ready cleansing. The fact that these conditions are surmounted shows the still greater need of individual training and only by the tactful, sympathetic, and practical means of visitors can this be obtained.

We have no localities that we can call slums, we have no corners for the segregation of the inefficient and careless, we cannot point out any area where infant mortality is higher than others, we have not an excessive (though high) Infant death rate, but we do have a general high rate from preventable diseases, preventable by the greater care of the child, preventable by the greater care of the mother by herself.

Insufficient food for the mother is often given as a cause of immaturity in the offspring. We have no cases of real destitution in our district, but immaturity prevails, and I have no doubt the malnutrition can be effected by injudicious dietary as by destitution.

The causes of this physical inefficiency are multiplying to be handed down in a more distinctive degree in the offspring. Young girls instead of having a proper meal, take a "pick" at table and a cup of tea standing then bolt to their work-room, or take something in their pocket to serve, or buy "something" outside.

These are the future mothers whose habits are retained in married life and what wonder that non-viable children result. Training of the young mothers in such matters must be undertaken, the public schools must teach dietetic hygiene, and the responsible public guardians must accept the onus of providing by lectures or classes an efficient education in such matters.

Again we do not employ female operatives in our neighbourhood, that is from the Factory Inspector's point of view, but we do have female labour which no Factory Act can reach and which certainly does more harm in the child bearing and child rearing period of her life than any work in field or factory.

I refer to the continuous daily laundry work necessitated by the fact of the husband's and sons' employment in the mines, I have considered this after many years observation to be the great bane of maternity as the cause of much prematurity, of much debility in off-

spring and much consequent neglect in upbringing.

The adoption of a system of Public Baths for the men as they leave the pit, where they can wash and dress would lift the heaviest of womens' burdens, would allow her more time for looking after the home, would lighten her maternal burdens and would ensure her a fair chance of rearing a sturdy offspring.

The idea is not Utopian, it has proved a success elsewhere and in other countries, and

only requires a little enterprise to be adopted here.

Do not for a moment consider that I think we are on the way to detoriation either in mothers or in offspring, we are far otherwise, but I want to point out evils that do exist and

warn against their continuance.

The present generation of mothers in our community, I should say was almost the healthiest and most robust in England. The facts I have gathered from the Lady Health Visitor's Report gives we confidence in this, for where will you find anywhere 90% of the mothers able to give breast food to their children at birth. It is the discrepancy between the fact of such a valuable assest in motherhood and the actual infant mortality in its preventable and prenatal form that induces me to call so much attention to the causes both of

individual and social origin.

The Health Visitor reports having received notification of 583 births during her 8 months of office. These have been checked by my returns from the Registrar and a considerable number of omissions to notify have been corrected. It will naturally take some time to prevent slips of this nature both in parents and attendants at birth owing to its novelty and so one does not wish to be unusually harsh in imposing the penalty, especially, as the service is gratuitous, but I trust every effort will be made to freilitate the work of the Visitor in this direction. During this period the total number of visits paid and recorded was 2,540. As the health visiting involves an amount of observation this has been used for pointing out numerous defects in various sanitary matters which are duly reported to the Sanitary Inspector as they occur, together with notes on the general cleanliness of houses and surroundings which she reports are much improved in consequence.

An exact tabulated Report on the work has not been possible for the short time the Act has been in operation, but from the number of visits made I have found that at birth and for some time afterwards 93% as I said were able to bring up their children, on breast food,

1.5% had to be handfed, and 5.5% partly hand fed and partly breast fed.

I append a table showing the proportion of births and deaths in each Ward explaining their ratio, from the relative population of each to that of the combined population, which explains the difference in ratio in the Birth Rate of Hirst which is inhabited by the younger portion of our community to that of Ashington inhabited by the older.

	Births in							should be		529
	,,	,,	are	• • •	199	,,	,,	are	• • • •	
					65	less				68 more
	Deaths in	n Ashington	n should	be	111	Deaths i	n Hirs	t should be		222
	"	,,	are	•••	101	,,	,,	are		232
						$_{ m less}$			_	10 more
Infa	int Mortal	<mark>ity i</mark> n Ashi	ngton sh	ould be	. 43	Infant Mo	rtality	in Hirst shou	ıld be	e 88
,,	,,	,,	is		29	,,	,,	,, is		101
					14	less				13 more

INFECTIOUS DISEASES.

The number of Infectious diseases notified during the year is less than in 1901, namely, 107 as against 129 giving the rate per thousand of 4.04 for district as against 5.8 last year, and the rate in the Wards is 5.1 in Ashington and in Hirst 4.1. Like last year there is again a greater number in Ashington than in Hirst in proportion to the population.

The number of cases of Diphtheria is much less this year, 15 as against 39 last year, Enteric is only one-half that of last year, nearly all the diseases being reduced except Scarlet

Fever which shows an increase from 46 to 61.

Confirmation of diagosis by Bacteriological examination is paretised throughout, and in the case of Diphtheria, Antitoxic Serum is supplied by the Council.

The following tables show the areas of distribution in the different months and ages of those attacked:—

Cases of Infectious Diseases Notified during 12 Months Ending 31st December, 1910. Ashington Urban District.

Notifiable Diseases.		Cases 1	Notifia At A	Total in e Loca	ach	Cases Removed to Hospital.					
	At all Ages.	Und. 1 year.	1 to 5	5 to 15	15to 25	25to 65	65 aud upds.	Ash- ington	Hirst	Ash- ington	Hirst
Diphtheria	15	0	4	11	0	0	0	12	3	0	0
Scarlet Fever	61	1	16	37	4	3	0	11	50	0	0
Erysipelas	14	2	0	0	2	9	1	10	4	0	0
Enteric Fever	11	0	0	4	3	4	0	4	7	4	7
Continued Fever	6	0	1	1	1	3	0	4	2	0	0
Puerperal Fever	0	0	0	0	0	0	0	0	0	0	0
Total	107	3	21	53	10	19	1	41	66	4	7

DISTRIBUTION OF INFECTIOUS DISEASES, 1910.

Months.	Diptheria.		Scarlet Fever		Erysipelas.		Enteric.		Cont. Feaer.		Puer. Fever.		Total.		
Mon	Ash- ington	Hirst	Ash.	H'st	both										
Jan.	4	0	2	0	2	0	0	0	0	0	0	0	8	0.	8
Feb.	0	1	0	0	2	0	0	0	0	0	0	0	2	1	3
Mar.	1	0	0	1	1	0	0	1	0	1	0	0	2	3	5
Apr.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May	2	0	0	0	2	1	0	0	0	0	0	0	4	1	5
June	0	1	1	1	0	0	0	1	0	0	0	0	1	3	4
July	1	0	0	1	1	1	0	0	0	0	0	0	2	2	4
Aug.	0 2	0		1	0	0	1	0 3	0	0	0	0	1	1	2
Sept.		0	1	3	1	0	3		1	1	0	0	8	7	15
Oct.	1	1	3	14	0	0	0	1	1	0	0	0	5	16	21
Nov.	0	0	2 2	16	1	1	0	1	0	0	0	0	3	18	21
Dec.	1	0	2	13	0	1	0	0	2	0	0	0	5	14	19
						-								-	-
Total	12	3	11	50	10	4	4	7	4	2	0	0	41	66	107
			Į.												

SEWAGE, SCAVENGING AND DISINFECTING.

A number of new and larger Sewers are now laid down as I mentioned in last year's Report, and their capacity is such as will anticipate a considerable area of our new building ground for some time to come. The Park Road new sewer will relieve the only congested area at present existing. All the sewers and drains in the district have sludge valves and are flushed weekly, the supply of water for the purpose being abundant.

Inspection of Ashpits throughout the year shows on the whole an improvement in respect to flooding and vegetable refuse, but there are still many instances remaining in which roofing in will be necessary.

Cleansing of Ashpits is undertaken by contractors, and covered in waggons and carts alone employed for that purpose. This was contracted for to be done as much as possible during the night, in order to prevent nuisance in transit, and this condition is being enforced.

The Ashpits are sprayed regularly, and in hot weather special attention is devoted to this important feature in our scavenging, the lime proving an effectual Bactericide, as well as deodorising and disinfecting thoroughly. Antiseptic (carbolic) powder is also used as a deodoriser after every cleansing of ashpits, the powder being supplied to the contractors by the Council.

Infected houses after convalescence of patients or removal to Hospital, dirty houses, and suspicious dwellings, are disinfected by Sulphor Fumes and Formaline Sprays.

Clothing, bedding, etc., are disinfected at the Hospital, where a "Thresh" disinfector is installed. Izal, and disinfecting soaps are used for distribution to the infected houses.

Infected houses requiring disinfecting on canvalescence, are notified to the Sanitary Inspector or Medical Officer by the practitioners in charge of the cases.

Public Urinals of which we have four in the district are all clean, well flushed, well lighted, and in good order. Twelve Urinals have also been fitted at Clubs, which are also similarly satisfactory.

EXTENSION AND IMPROVEMENTS.

New Houses.—I have already mentioned the rapid extension of our district, which notwithstanding the number of new houses erected is still needing greater accommodation for our population.

The Population Statistics for the past few years shows the immigration factor to largely exceed the birth increase in our estimate, almost double it in most recent years. With the extension of our area, and the additional building, it is necessary that we administrate in advance, for the practicability of preventative measures has to be as essentially anticipatory as immediate. It is to such an end as this that the Housing and Town Planning Act and such point, and it is essential that we assure ourselves that what work is done will be carried out to avoid any redoing afterwards.

The new houses like those of last year are of a better type, as regards general accommodation in the way of Wash-houses, Water, and Bath-rooms, their is a greater air space and the streets will be an inprovement on those prevailing in the older community.

Throughout the year there were 63 new houses erected in Ashington and 242 in Hirst. Water has been laid into 256 houses during the year, and the same extension is noticed in regard to Bath-rooms of which 73 have been fitted up as against 40 last year, and also as regards W.C's. 50 having been placed as against 35 last year.

Highways.—The Station Road, Hirst, is now widened and the only drawback to what would otherwise be a continuous and perfect thoroughfare is the Station Bridge the narrowness of which is an unsightly obstruction both to the pedestrian and vehicular traffic.

The tar macadam Highway has proved a failure, but efforts are being made this year

to improve and put it into a more durable form for the heavy traffic that exists.

I have already mentioned in my Report the plans of the Council for taking over Private Roads and Streets. The progress so far is satisfactory, though necessarily slow, but year by year we are coming into line with our anticipatory requirements.

Convenient Footpaths are being laid pari passu with street development, and those

existing have been still further improved.

Lighting.—The lighting of the district is still far from satisfactory, though not by any means the fault of the authorities, and active steps are now in hand tawards amendment. Pending a scheme to be adopted, 33 Petrol Lamps have been erected to supplement the electric supply in the newer parts of the township.

WATER.

The Council is the Water Authority of the district.

The Supply is from the Pits of the Ashington Coal Coy. It is tapped a considerable distance underground in from the shaft bottom, where it filters through the free-stone roof, is conducted along a specially built channel to which no one has access but officials connected with same, is pumped to the surface, where it is filtered and distributed from tank reservoirs throughout the district. It is a deep well water and its gathering ground is many miles from the district. The sub-soil over our district is of clay and to such a depth that contamination from the surface is impossible. From frequent analysis, I find the quality of the water satisfactory both chemically and bacteriologically.

There is also a supply from the North Seaton Collieries of equal purity, for the supply

of the Seaton Hirst part of the town.

The filters have been thoroughly cleaned out and charged with new sand and gravel.

New mains are being laid down as required for the new building areas. This year 2,754 yards were laid as compared with 2,773 yards for the previous year.

Additional taps—12 more have been fixed in the colliery rows with gullies and drains

to suit.

The Council have 62 private water meters on premises for trade purposes; they have also at the Colliery 8 bulk meters which register the amount consumed. The amount consumed by the Council last year was 32,882,000 gallons, and the supply is practially unlimited.

As I pointed out last year this is almost exclusively used for potable purposes, rain

water being used for every other domestic purpose.

There are 2 Fire Hydrants in the district.

The requirements in connection with the water supply are more provision for water storage and new mains of a larger size.

Dairies, Cowsheds and Milkshops.

The dairies and milkshops throughout the district have been periodically inspected. In the cowsheds the standard of cleanliness in buildings, the efficient ventilation and lighting, and the sufficiency of air space per head of stock are satisfactory. The condition of the stock and the cleanliness is good, and there is no evidence of diseased udders.

In every steading there is an efficient supply of water, both for stock and dairy purposes. The cleansing arrangements are thorough, and in many cases the means adopted for cooling the milk are up-to-date. Sterilization of all vessels, both for receiving, retaining and distributing the milk is good, and the milkshops are kept up to the required standard of cleanliness.

There are 8 Dairy Farms in the district, and 5 Milkshops. In a district like ours where so much Infantile Diarrhea prevails, a good milk from healthy cows is a paramount necessity and I may add that no labour is spared by the vendors to maintaid the maximum of purity.

During the Summer in the dry months muslin covers for milk vessels were distributed by the Health Visitor to protect the milk as much as possible from flies and dust in the houses. This I consider to have been a distinct benefit in our district where ashpits are in such proximiy to the dwelling houses

FACTORIES AND WORKSHOPS.

In Hirst there are 15 Workshops and 3 Factories. In Ashington there are 13 Workshops and 6 Factories.

Sanitary arrangements as to Ventilation, Lighting, etc., are all good, W.C. accommodation satisfactory, and drainage efficient in every case.

There are no underground bakeries.

There is only one outworker on the register, residing beyond the district, notified by employers in the district.

SLAUGHTER HOUSES.

There are 12 Slaughter houses in the district, 6 of which are at distances from the shops and 6 contiguous or attached to same.

Sanitarily they are all kept clean and the drainage in connection is good.

I pointed out the advisability of a Public Abattoir in my last year's report, which would be a distinct advantage to at least one half of the cases mentioned above, but so far no definite arrangements or agreements have been arrived at.

ALLOTMENTS AND SMALL HOLDINGS.

Altogether we have only been able to secure 21 acres of land for small holdings so far, and the number of applicants would warrant a very great increase were the land procurable convenient to the community. The success of the holders has amply justified the formation of the association, and it is a matter of regret that land is not immediately procurable for further allotments.

The Small Haldings committee have not extended on the 40 acres which I reported they had procured last year.

HEALTH OF DISTRICT.

The health of the district has been on the whole good, that is, speaking generally—apart from the death rate.

Slight epidemics were present throughout the year of Whooping Cough, Scarlet Fever and at the end of the year Measles, which I have commented on in the Report. Infant Diarrhea is much lessened and is year by year less virulent and less fatal, possibly from reasons already given. The other diseases I have treated on in the body of my Report.

I have again to thank your officials Mr. Wood, Mr. Marshall, and Mr. Shield, for information in the invarious deposits on the property of the

tion in their various departments in commection with the Report.

Thanking you again for your continued consideration and courtesy during the year.

I remain, Gentlemen,

Your Obedient Servant,

R. J. MILLS.

APPENDIX.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1910 AND PREVIOUS YEARS.

	Popula- tion	Bi	rths.	Total Deaths in the District.				Total Deaths	Deaths of Non- Resident	Deaths of Resi- dents	Nett Deaths at All Ages belonging to the District.	
	estimated to middle of each Year.	Num- ber.	Rate.		Rate per 1,000 Births Regist'd.	Num- ber.	Rate.	in Public Institu- tions in the District.	negister-	Register- edPublic Institu's beyond District.		Rate.
1900 1901 1902 1903 1904 1905 1906 1907 1908 1909	14,000 14,000 14,500 16,000 17,000 18,300 19,200 20,000 20,000 22,000	575 650 619 717 708 719 721 703 809 820	40·93 46·42 42·68 44·81 41·7 39·28 37·5 35·15 40·45 37·27	115 152 104 123 158 126 136 103 164 109	200·0 233·8 168·01 171·5 223·1 175·24 188·6 146·7 202·7 132·9	228 326 253 260 321 277 314 269 331 289	17·45 23·28 17·02 16·25 48·9 15·13 16·35 13·45 16·5 13·13	0 0 0 0 0 0 0 0 0	0 0 0 0 0 1 0 0 0	0 0 0 1 4 0 0 0 0	228 326 253 261 325 276 314 269 331 289	17·45 23·28 17·02 16·25 18·9 15·13 16·35 13·45 16·5 13·13
Averages for Years 1900-09		704	40.619	129	184.25	287	16.746	0	0	0	287	16.746
1910	24,000	794	33.08	130	163.7	333	13.8	3	0	0	333	13.8



APPENDIX.

TABLE II.

VITAL STATISTICS ON SEPARATE LOCALITIES IN 1910 AND PREVIOUS YEARS.

Names of Localities.		Ashir	ngton.		Hirst.					
Year.	Population Estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 year.	Population Estimated to middle of each year.	Births Registered.	Deaths at all ages.	Deaths under 1 year.		
*1900	6450 6700 6900 7000	183 167 162 182 153 190 177 199	98 86 83 85 76 72 69 89 94 101	38 32 20 24 20 22 23 27 20 29	7672 8072 9550 10330 11400 12200 13000 15000 16000	534 541 557 539 550 619 643 595	228 167 177 236 200 242 200 242 202 242 195 232	114 72 103 134 106 114 80 137 89 101		

^{*} Only since the Census of 1901 has the population of each Ward been known and only since May 1902 the number of Births in each Ward.

